

Floyd & Lois
Banner

Wm & Eliza
Banner

Floyd

PEDIGREE	<input type="checkbox"/>
FGS	<input type="checkbox"/>
PICTURES	<input type="checkbox"/> <input type="checkbox"/>
HISTORIES	<input type="checkbox"/> <input type="checkbox"/>

Wm

PEDIGREE	<input type="checkbox"/>
FGS	<input type="checkbox"/>
PICTURES	<input type="checkbox"/> <input type="checkbox"/>
HISTORIES	<input type="checkbox"/> <input type="checkbox"/>

Home
1877

1878
Barn

SUPERVISOR'S REPORT OF INJURY

NOTICE: Prepare this Report in triplicate; send original to the main office, copy to the doctor, copy for your files.

EMPLOYER Wicks Manufacturing Co.

MEDICAL AUTHORIZATION TO DR. Shaw

NAME OF INJURED Employee James

INJURY DATE 9-21-64

TIME 10:30

AM
PM

WHERE AND HOW DID ACCIDENT OCCUR? 22 ps 310 along

NATURE OF INJURY 9 right foot

WITNESSES John M. Ray

DID INJURED RETURN TO WORK? Yes

TIME 10:30

AM
PM